U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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AUG 1 6 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8489

2. Fiscal Year Covered From:

1 / 1 / 2004   Through: 12 / 31 / 2004

3. Name and address of person filing.

Name   MARK   P   SHARWOOD

P.O. Box, Bldg., Room No., if any   PO BOX 660821

Street

City   SACRAMENTO

State   California   ZIP Code + 4   95866-0821

4. Name, file number, and address of labor organization.

Name   SEIU LOCAL 1877

Labor Organization File Number   521-501

P.O. Box, Building and Room Number, if any

Street   1247 W. 7TH ST.

City   LOS ANGELES

State   California   ZIP Code + 4   90017

5. Position in labor organization.   COORDINATOR, NO. CAL. ALLIED DIV.

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name   GENERAL EMPLOYEES TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street   642 HARRISON ST., STE. 306

City   SAN FRANCISCO

State   California   ZIP Code + 4   94107-1351

7.a. Nature of Interest, Transaction, or Income.

BREAKFAST, LUNCH AND PAID PARKING AT TRUSTEES MEETING 10/26/2004

7.b. Amount.

$38

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _Mark P Sharwood_

On   8/10/2005
Date

(916) 498-9505 EXT. 13
Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASSOCIATED THIRD PARTY ADMINISTRATORS

Trade Name, if any: ATPA

P.O. Box, Bldg., Room No., if any

Street 642 HARRISON ST., STE. 306

City SAN FRANCISCO

State California   ZIP Code + 4 94107-1351

9. Business deals with:

[ ] a. Labor Organization

[X] b. Trust

[ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name GENERAL EMPLOYEES TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 642 HARRISON ST., STE. 306

City SAN FRANCISCO

State Colorado   ZIP Code + 4 94107-1351

11.a. Nature of such dealing.

DINNER DURING BENEFITS CONFERENCE 12/3/2004
(INCLUDING WIFE AND 2 MINOR CHILDREN)

11.b. Approximate dollar value of such dealing. $519

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

13.b. Is the Business an Employer [ ]   or Consultant [ ]   ?

14.a. Nature of payment.

14.b. Amount of payment.

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name   GENERAL EMPLOYEES TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street   642 HARRISON ST., STE. 306

City   SAN FRANCISCO

State   California   ZIP Code + 4 94107-1351

7.a. Nature of Interest, Transaction, or Income.

REIMBURSED EXPENSES (AIRFARE, HOTEL, MEALS) FOR BENEFITS CONFERENCE 11/29/2004 THROUGH 12/5/2004

7.b. Amount.

$2,091

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Form LM-30 (2003)

Add New Part A